

RECEIVED  
CENTRAL FAX CENTER  
NOV 20 2006

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/591,910
		Filing Date	September 7, 2006
		First Named Inventor	Sei Yang YANG
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	043946-4

<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	
		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 60-2476 for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Thomas W. Cole, Reg. No. 28,290 Roberts Mlotkowski & Hobbes P.C. P.O. Box 10064 McLean, VA 22102
Signature	<i>Thomas W. Cole</i>
Date	November 20, 2006

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>			
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-8300) on the date shown below.</p>			
Name (Print/Type)	Sharon L. Tabor		
Signature	<i>Sharon L. Tabor</i>	Date	Nov. 20, 2006

**RECEIVED**  
**CENTRAL FAX CENTER**  
**NOV 20 2006**

002/002

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>  <i>Application</i>  <b>Address to:</b> Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	Application Number	10/591,910
	Filing Date	September 7, 2006
	First Named Inventor	Sei Yang YANG
	Art Unit	
	Examiner Name	
	Attorney Docket Number	043946-4

Please change the Correspondence Address for the above-identified application to:

The address associated with  
Customer Number: 25570

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

Applicant/Inventor  
 Assignee of record of the entire interest.  
 Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 Attorney or agent of record. Registration Number 28,290  
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature Thomas Cole

Typed or  
Printed Name Thomas W. Cole

Date November 20, 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300 on November 20, 2006.

Sharon L. Tabor  
 Sharon L. Tabor